

**City of San Diego**  
**City Planning & Community Investment Department**  
**GRANTVILLE MASTER PLAN**

**STAKEHOLDER COMMITTEE REGISTRATION FORM**

(Please Print and Check Appropriate Boxes)

Completed Grantville Stakeholder Committee Registration Forms must be submitted with all Proper Eligibility Documents by **Monday, September 24, 2007, by 4:30 p.m.** to the City of San Diego, City Planning & Community Investment Department (CPCI) c/o Jennifer Cordeau, 202 C Street, MS-4A, San Diego, CA 92101. The Grantville Candidates Registration Form (**Exhibit B**) and accompanying required Eligibility Documentation may be mailed, faxed to (619) 533-5951 or emailed to [JCordeau@SanDiego.gov](mailto:JCordeau@SanDiego.gov).

I, \_\_\_\_\_, volunteer for Appointment to the Grantville Stakeholder Committee (GSC) for the Grantville Master Plan. I certify that I am at least 18 years of age and have an interest within the boundaries of the Grantville Master Plan Area. I am eligible to be a candidate and seek to be appointed as a voting representative in the following category:

I desire to be appointed as a Representative for the following Interest Category(s):

(Please check all applicable)

- ☐ **Business Owner, Sub-Area A, Northwest**
- ☐ **Business Owner, Sub-Area A, Southeast**
- ☐ **Business Owner, Sub-Area B**
- ☐ **Property Owner, Sub-Area A, Northwest**
- ☐ **Property Owner, Sub-Area A, Southeast**
- ☐ **Property Owner, Sub-Area B**

I certify that within the boundaries of the Grantville Master Plan Area:

(Please check all appropriate box(s) and fill in the information requested)

- ☐ I am a **Business Owner, in Sub-Area A, Northwest** whose Business has been in existence for two years or more \_\_\_\_ (*Please Initial*), prior to this application and my business name and address is:

My contact address is \_\_\_\_\_  
 My home phone is \_\_\_\_\_  
 My business phone is \_\_\_\_\_  
 My contact email address is \_\_\_\_\_

- ☐ I am a **Business Owner, in Sub-Area A, Southeast** whose Business has been in existence for two years or more \_\_\_\_ (*Please Initial*), prior to this application and my business name and address is:

My contact address is \_\_\_\_\_  
 My home phone is \_\_\_\_\_  
 My business phone is \_\_\_\_\_  
 My contact email address is \_\_\_\_\_

- ☐ I am a **Business Owner, in Sub-Area B** whose Business has been in existence for two years or more \_\_\_\_ (*Please Initial*), prior to this application and my business name and address is:

My contact address is \_\_\_\_\_  
 My home phone is \_\_\_\_\_  
 My business phone is \_\_\_\_\_  
 My contact email address is \_\_\_\_\_

**EXHIBIT B**

[ ] I am a **Property Owner**, in **Sub-Area A, Northwest** located at: \_\_\_\_\_  
County Assessors Property Number (APN) \_\_\_\_\_  
My contact address is \_\_\_\_\_  
My home phone is \_\_\_\_\_  
My business phone is \_\_\_\_\_  
My contact email address is \_\_\_\_\_

[ ] I am a **Property Owner**, in **Sub-Area A, Southeast** located at: \_\_\_\_\_  
County Assessors Property Number (APN) \_\_\_\_\_  
My contact address is \_\_\_\_\_  
My home phone is \_\_\_\_\_  
My business phone is \_\_\_\_\_  
My contact email address is \_\_\_\_\_

[ ] I am a **Property Owner**, in **Sub-Area B** located at: \_\_\_\_\_  
County Assessors Property Number (APN) \_\_\_\_\_  
My contact address is \_\_\_\_\_  
My home phone is \_\_\_\_\_  
My business phone is \_\_\_\_\_  
My contact email address is \_\_\_\_\_

My prior experience in community affairs, planning and/or my other qualifications to serve on the GSC are as follows (attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ (Please Initial) I acknowledge that I have read **Municipal Code Sections 27.3588 and 26.0440** and understand that enforcement of the Conflict of Interest Code and Political Reform Act lies with the San Diego City Clerk's Office and the City's Ethics Commission.

\_\_\_\_\_ (Please Initial) I acknowledge that I am required to submit an annual **Statement of Economic Interest** (CA Form 700) as well as assuming and leaving office statements.

\_\_\_\_\_ (Please Initial) I acknowledge that failure to comply with the above requirements may result in being subject to enforcement measures and/or fines being levied.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

**This Candidate Registration Form and all required Eligibility Documents  
must be mailed, faxed, emailed or delivered in person to c/o Jennifer Cordeau  
and must be received by Monday, September 24, 2007, by 4:30 p.m.**

----- Do Not Write Below This Line -----

Proof of Eligibility: 1. \_\_\_\_\_

2. \_\_\_\_\_

Staff Certification: \_\_\_\_\_

Date: \_\_\_\_\_